Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850 245 8707
Florida Department of Environmental
Protection

JUN 27 2019

STATE OF FLORIDA Permitting & Compliance CERTIFICATE OF LIABILITY INSURANCE SSISTANCE Program HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

Greenwich Insurance C	Company	
	Name of Insurer)	
(the "Insurer"), of 505 E	agleview Blvd, Ste 100, I	Exton. PA 19341-0636
(<i>F</i>	Address of Insurer)	
hereby certifies that it has iss environmental restoration for	ued liability insurance coversudden accidental occurre	ering bodily injury and property damage includences to
Stericycle Specialty Waste Solutions, Inc.		
4)	Vame of Insured)	
(the "Insured"), of 314 B West La	ndstreet Road Orlando, Florida 32824	
	hysical Address of Insured)
in connection with the insured Administrative Code Rule 62	d's obligation to demonstrat -710.600(2) and 62-730.17	te financial responsibility under Florida 0. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
LR 000 006 353 Stericycle	Specialty Waste Solutions	s, Inc. 314 B West Landstreet Road Orlando
4NS 000110924 Stericycle	Specialty Waste Solutio	ns, Inc. 2850 100th NE Blaine 55449, MN
MNS 000110924 Stericycle	Specialty Waste Solutio	ns, Inc. 2850 100th NE Blaine 55449, MN
MNS 000110924 Stericycle		
(If coverage is for multiple fa	cilities, identify each facilit	y insured.)
(If coverage is for multiple fa This insurance is <u>primary</u> and 5 5,000,000 for e	cilities, identify each facilit the company shall not be li each accident, exclusive of l	y insured.) iable for amounts in excess of legal defense costs. The coverage is provided
(If coverage is for multiple fa	cilities, identify each facilit the company shall not be li each accident, exclusive of l	y insured.) iable for amounts in excess of legal defense costs. The coverage is provided JNE 1, 2019
(If coverage is for multiple fa This insurance is <u>primary</u> and 5_5,000,000 for e under policy number <u>RAD94</u> ;	cilities, identify each facilit the company shall not be li each accident, exclusive of l 3783302 , issued on JU	y insured.) iable for amounts in excess of legal defense costs. The coverage is provided INE 1, 2019 (date)
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Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560

Tallahassee, Florida 32399-2400

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

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- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

Adrian backson
(Signature of Authorized Representative of Insurer)
ADRIAN JACKSON
(Typed name)
SVP, Southeast Head of Global Risk Management
(Title)
Authorized Representative of
Greenwich Insurance Company
(Name of Insurer)
_505 Eagleview Blvd, Ste 100, Exton, PA 19341-0636
(Address of Representative)

Florida Department of Environmental

Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 830004568707

JUN 28 2019

Permitting & Compliance Assistance Program

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

ALLIED WORLD ASSU	JRANCE COMPANY (US)	, INC
	(Name of Insurer)	
(the "Insurer"), of 199 V	VATER STREET, 24TH F	LOOR, NEW YORK, NY 10038
	(Address of Insurer)	
hereby certifies that it has environmental restoration	issued liability insurance co	vering bodily injury and property damage includi
Stericycle Specialty Waste Solutions, Ir	nc.	
	(Name of Insured)	
(the "Insured"), of 314 B Wes	st Landstreet Road Orlando, Florida 32824	
	(Physical Address of Insure	d)
in connection with the insu Administrative Code Rule	red's obligation to demonstr 62-710.600(2) and 62-730.1	ate financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLR 000 006 353 Stericyc	le Specialty Waste Solution	ns, Inc. 314 B West Landstreet Road Orlando,
MNS 000110924 Sterio	cycle Specialty Waste S	Solutions, Inc. 2850 100th NE Blaine 554
MNS 000110924 Sterio	cycle Specialty Waste S	Solutions, Inc. 2850 100th NE Blaine 554
-	cycle Specialty Waste S	
(If coverage is for multiple	facilities, identify each facil	ity insured.)
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Tallahassee, Florida 32399-2400

- 2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
 - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
 - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

Molly Zeigler.
(Signature of Authorized Representative of Insurer)
Molly Zeigler
(Typed name)
Vice President
(Title)
Authorized Representative of
ALLIED WORLD ASSURANCE COMPANY (US), INC.
(Name of Insurer)
199 WATER STREET, 24TH FLOOR, NEW YORK, NY 10038
(Address of Representative)